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COVER LETTER

TO: Amendment Section Division of Corporations	<i>A</i> ,
NAME OF CORPORATION: Treas	Meadows (Wolferty Ownor A)
DOCUMENT NUMBER: N 190000	0.392
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
	(Name of Contact Person)
	(Firm/ Company)
	(Address)
Receptionista Sove	(City/ State and Zip Code) Set and — Jacob Second for future annual report notification)
For further information concerning this matter, please of NICOLO, Maskin	eall: at 904-461-5556
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flor	ida Dept. of State)		
(Document Number of Corporation (if ki	(NOWIL)		
arsuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not Formandment(s)</i> to its Articles of Incorporation:	r Profit Corporation adopts the	following	
. If amending name, enter the new name of the corporation:			
		_The new	
une must be distinguishable and contain the word "corporation" or "incorporated Company" or "Co." may not be used in the name	I" or the abbreviation "Corp."	or "Inc."	,
Catanana and affice address if applicables	40. X	201	
. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)		_ 	ł
		<u></u>	
	<u>\</u>	7	
Enter new mailing address, if applicable:	め; (で, (す	PH J	
(Mailing address MAY BE A POST OFFICE BOX)	• • • •	<u>√</u>	
	1 2	5 4	
. If amending the registered agent and/or registered office address in Florida.	enter the name of the	•	
new registered agent and/or the new registered office address:	- 1.0/1/1/acl.	1/2400	
Name of New Registered Agent: ONE (2)	ucops rope ty	Mariaya	INCUI
40 HIA	react by	VOL.	mylloi / i
New Registered Office Address:	lorida street address)		
St. Aufustral), Florida <u>J</u> (Zip Code)	2080	
Delta and American Science of the control of the co			
ew Registered Agent's Signature, if changing Registered Agent; hereby accept the appointment as registered agent. I am familial with and accept	t the obligations of the position.		

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title.

P. President; V. Vice President; T. Treasurer, S. Secretary; D. Director, TR. Trustee; C. Chairman or Clerk; CEO. Chief Executive Officer; CFO = Chief Financial Officer. If an officer director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	<u>V</u> <u>Mik</u>	<u>i Doe</u> e Jones y Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addres</u> s
1) Change	1	Gree	ne Kenn	eth L Sk	<u>5421 Evergreen</u> Va Callahan FC 32011
Remove		\wedge			
2) Change Add	<u> </u>	Green	re Billy J	<u>SK</u> (54JII EvergreenTrail
✓ Remove		\bigcap			
3) Change Add	5	Steel	re, Kennest	<u>h L</u> (74221 Evergleen Tout allahan FL 32011
Remove	_		Ţ.		
4) Change Add		Star	ry, Mat	<u>.</u> .	HOI AIA BEACH BIVE St. Augustine, FL
Remove		Δ	4		32080
5) Change Add	VP	Allis	<u>Pon, Alex</u>	<i>;</i> 	His Ala Beach Bird J. Augustice FC
Remove			Λ		32050
6)Change Add	<u>S</u>	Mai	er Treg	0/4	Hu AIA Beach BIVd St. Augustine, FC
Remove					32080

. <u>If amending or adding additional Arti</u> (attach additional sheets, if necessary)	(Re specific)				
					
				.	<u>-</u>
1 (1)					

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	e date of each amendment(s) adoption:	_, if other than the
Effe	retive date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ument's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 6.21.19	
	Signature lack ath	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	Matthew L Stark	
	(Typed or printed name of person signing)	

(Title of person signing)